1. Purpose & Scope

This process defines the method for scheduling, conducting, and reporting internal quality audits for the purpose of determining the effectiveness of the quality management system and verifying compliance with ISO 9001 requirements. This process applies to internal audits of the NSHS quality management system.

2. References

The following documents are either required or helpful to perform the set of tasks in the accompanying flowchart: a) NSHS-001, Quality Manual, b) NSHS-002 Document Control, c) NSHS-004 Corrective & Preventive Action, d) IQA Schedule of Audits, e) Audit Matrix. F) SECNAVINST 5212.5.

3. Definitions

The terms listed below are defined to assist the reader.

3.1 **IQA**: Internal quality audits

3.2 **IQA Checklist**: A list of questions/issues an auditor uses to direct an investigation.

3.3 **Audit Report**: Report summarizing pertinent findings, observations, and evaluation of effectiveness of area(s) audited.

3.4 **IQA Summary Report**: Periodic report from the Management Representative summarizing audit results

3.5 **CAR:** Corrective and Preventive Action Request Form

3.6 **Audit Matrix**: Developed by the Lead Auditor to establish the linkage of ISO 9001 elements to Directorate and Inter-directorate procedures. The matrix is used to determine which clauses of ISO 9001 are addressed during each audit.

3.7 **Major Nonconformance**: An occurrence of a quality management system breakdown, or a series of related minor nonconformances that indicate a significant effect on the outcome of the quality system.

3.8 **Minor Nonconformance**: A less significant compliance failure.

3.9 **Less Significant Finding**: An occurrence that does not require formal corrective action, yet is monitored by the Lead Auditor to indicate potential trends.

3.10 **Suggestions for Improvement**: Ideas for improvement offered by the auditors that require no specific action on the part of the process owner.

3.11 **CAA**: Corrective & Preventive Action Administrator.

3.12 **Management Review Team**: Consist of all members of the Executive Steering Council (ESC).

4. Document Review & Concurrence

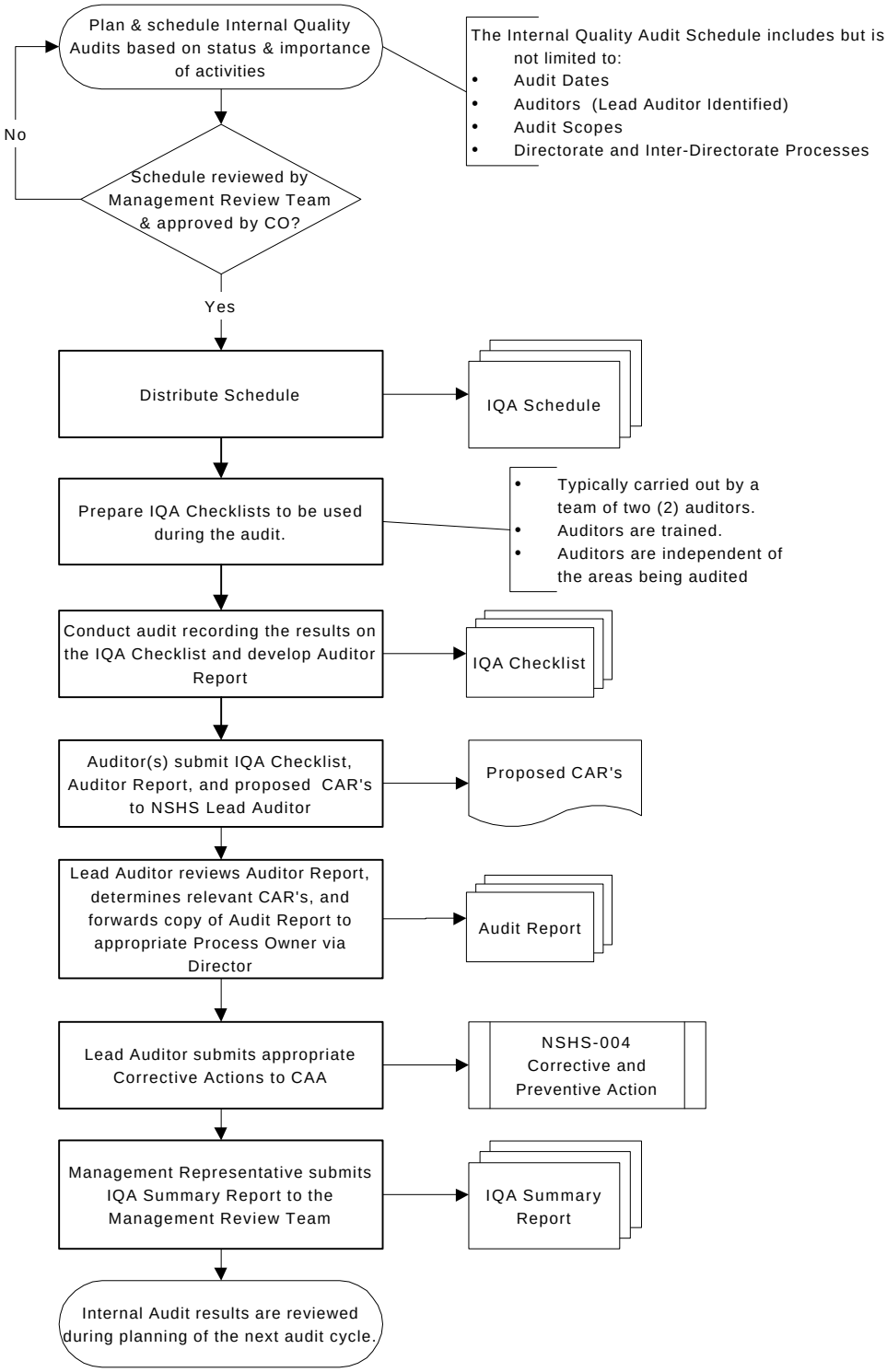
Title of Reviewer	Functional Directorate	Signature & Date	Title of Reviewer	Functional Directorate	Signature & Date
Management Representative	(Process Owner)	Mr. R Kirkbride	Director	0A	CDR L. Hearin
Director	0S	LCDR T. Kennedy	Director	0P	CAPT B. Welbourn
Director	0V	Mr. W. Dumbeck	Director	0F	LT B. Miller
Director	0M	CAPT T. Miller	SOY	N/A	HM2 M. Pitt
Civ/Council	N/A	Mr. J. Behnke	MCPP Rep	0M1	CDR J. Luke
CMC	0CMC	HMCM B. Castillo	Commanding Officer	CO (Approval Authority)	CAPT D. Wynkoop
Executive Officer	OX	CAPT. L. Younger			

5. Summary of Changes

Version	*Description*	*Date*
01	Initial issue of procedure.	15 MAR 01

6. Process Flowchart

All process flow steps are the responsibility of the process owner UNLESS otherwise noted.



RULES:

Each QMS Process will be audited no less than once per year.

Conducting Internal Audits includes but is not limited to:

1) Process / Instruction review
2) Quality Record Examination
3) Interview of employee(s)

Completed Internal Audit Checklists should include as appropriate; Closure of previous internal audit issues ; W ho was interviewed; Documents reviewed; Results of the audit, including:

1) evidence of compliance,
2) observations, and/or
3) findings

Verifying effectiveness of completed corrective actions is conducted by the original auditor(s) and/or another qualified auditor.

Adjustments to the Audit Schedule, to be determined by the Process Owner of Internal Audits and/or Management Review, may include but are not limited to:

1) Decreasing audit frequency for areas where no or relatively few discrepancies were observed, and/ or
2) Increasing the audit frequency for areas where significant discrepancies were observed

7. Quality Records

Record Name	*Owner*	*Location*	*Indexing*	*Duration*	*Disposition*
Internal Audit Schedule	Management Representative	File Cabinet	By Audit Year	3 Years	Destroy
IQA Checklist	Lead Auditor	File Cabinet	By Audit Number	3 years	Destroy
Audit Report	Lead Auditor	File Cabinet	By Audit Number	3 years	Destroy
IQA Summary Report	Management Representative	File Cabinet	By Date	3 Years	Destroy